

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE <input type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Bryan Callahan							
STREET ADDRESS 633 Main St							
CITY Bethlehem		STATE PA	ZIP CODE 18018 -				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE City Council	DISTRICT NO.	PARTY Dem	DATE OF ELECTION			
				MO.	DAY	YEAR	
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	1				5	16	2017
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>	2						
30 DAY POST-PRIMARY <input checked="" type="checkbox"/>	3						
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>	4						
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>	5						
30 DAY POST-ELECTION <input type="checkbox"/>	6						
ANNUAL REPORT <input type="checkbox"/>	7						

DATES OF REPORTING PERIOD	MO.	DAY	YEAR	TO	MO.	DAY	YEAR
	5	2	17		6	5	17

CASH BALANCE AT END OF REPORTING PERIOD:	\$ Ø
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$ Ø

AMENDMENT REPORT?	YES		NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES		NO	<input checked="" type="checkbox"/>

AFFIDAVIT SECTION

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}
Name of Filing Committee, Candidate or Lobbyist: Friends of Bryan Callahan						
Street Address: 633 Main St						
City: Bethlehem			State: PA		Zip Code: 18018 -	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.}	30 DAY POST PRIMARY ^{3.} <input checked="" type="checkbox"/>	AMENDMENT REPORT?	YES	NO <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>
	ANNUAL REPORT ^{7.}	YEAR <input type="checkbox"/>	FILING METHOD () CHECK ONE <input type="checkbox"/>	PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>	
Name of Office Sought by Candidate: City Council			DATE OF ELECTION		District Number	Office Code
			MO. DAY YEAR			Party Code
			5 16 2017			Dem
			(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from: <input type="checkbox"/>			MO. DAY YEAR	MO. DAY YEAR	FOR OFFICE USE ONLY	
			5 2 2017	To 6 5 2017		
A. Amount Brought Forward From Last Report			\$ 17,358.79			
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ 0			
C. Total Funds Available (Sum of Lines A and B)			\$ 17,358.79			
D. Total Expenditures (From Schedule III)			\$ 1,666.51			
E. Ending Cash Balance (Subtract Line D from Line C)			\$ 15,692.28			
F. Value of In-Kind Contributions Received (From Schedule II)			\$ 0			

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Bryan Callahan	Reporting Period From <u>5/2/2017</u> To <u>6/15/2017</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	TOTAL for the Reporting Period	(1) \$ <u>Ø</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)	\$	<u>Ø</u>
All Other Contributions (Part B)	\$	<u>Ø</u>
	TOTAL for the Reporting Period	(2) \$ <u>Ø</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)	\$	<u>Ø</u>
All Other Contributions (Part D)	\$	<u>Ø</u>
	TOTAL for the Reporting Period	(3) \$ <u>Ø</u>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
	TOTAL for the Reporting Period	(4) \$ <u>Ø</u>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$	<u>Ø</u>
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PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate Friends of Bryan Callahan	Reporting Period From <u>5/2/2017</u> To <u>6/5/2017</u>
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ <u>0</u>

**PART B
ALL OTHER CONTRIBUTIONS**

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate Friends of Bryan Callahan	Reporting Period From <u>5/2/2017</u> To <u>6/5/2017</u>
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ <u>0</u>

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <u>Friends of Bryan Callahan</u>	Reporting Period From <u>5/2/2017</u> to <u>6/5/2017</u>
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ <u>0</u>

**PART D
ALL OTHER CONTRIBUTIONS**

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate Friends of Bryan Callahan	Reporting Period From 5/2/2017 To 6/5/2017
---	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
 							
Mailing Address				MO.	DAY	YEAR	\$
 							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
 							
Employer Name				Occupation			
 							
Employer Mailing Address/Principal Place of Business							
 							
Full Name of Contributor				MO.	DAY	YEAR	\$
 							
Mailing Address				MO.	DAY	YEAR	\$
 							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
 							
Employer Name				Occupation			
 							
Employer Mailing Address/Principal Place of Business							
 							
Full Name of Contributor				MO.	DAY	YEAR	\$
 							
Mailing Address				MO.	DAY	YEAR	\$
 							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
 							
Employer Name				Occupation			
 							
Employer Mailing Address/Principal Place of Business							
 							
Full Name of Contributor				MO.	DAY	YEAR	\$
 							
Mailing Address				MO.	DAY	YEAR	\$
 							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
 							
Employer Name				Occupation			
 							
Employer Mailing Address/Principal Place of Business							
 							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 0

**PART E
OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate Friends of Bryan Callahan	Reporting Period From <u>5/21/2017</u> to <u>6/5/2017</u>
---	--

Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	-	\$
Receipt Description							
Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	-	\$
Receipt Description							
Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	-	\$
Receipt Description							
Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	-	\$
Receipt Description							
Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	-	\$
Receipt Description							
Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	-	\$
Receipt Description							

PAGE TOTAL
\$ <u>0</u>

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate <u>Friends of Bryan Callahan</u>	Reporting Period From <u>5/2/2017</u> To <u>6/5/2017</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <u>Ø</u>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$ <u>Ø</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <u>Ø</u>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <u>Ø</u>
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Friends of Bryan Callahan	Reporting Period From <u>5/2/2017</u> To <u>6/5/2017</u>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$ <u>Ø</u>

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Bryan Callahan</i>	Reporting Period From <u>5/2/2017</u> To <u>6/5/2017</u>
---	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL \$ <u>0</u>

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Bryan Callahan	Reporting Period From 5/2/2017 To 6/5/2017
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To Whom Paid	MO.	DAY	YEAR	Amount
Apollo Grill	5	16	2017	\$ 156.63
Mailing Address 85 W Broad St	Description of Expenditure election night refreshments			
City Bethlehem	State PA	Zip Code (Plus 4) 18018 -		
Lehigh Valley Labor Council	4	30	2017	\$ 50.00
Mailing Address P.O. Box 20226	Description of Expenditure dinner ticket			
City Lehigh Valley	State PA	Zip Code (Plus 4) 18002 -		
LV Print Center	5	5	2017	\$ 1004.88
Mailing Address 1701 Union Blvd	Description of Expenditure print yard signs			
City Allentown	State PA	Zip Code (Plus 4) 18109 -		
Celeste Dee	5	5	2017	\$ 100.00
Mailing Address 647 W Union st	Description of Expenditure consulting			
City Whitehall	State PA	Zip Code (Plus 4) 18052 -		
Freedom High School Football	5	20	2017	\$ 355.00
Mailing Address 3149 chester Ave	Description of Expenditure golf hole sponsor			
City Bethlehem	State PA	Zip Code (Plus 4) 18020 -		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 1,666.51

**SCHEDULE IV
STATEMENT OF UNPAID DEBTS**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <i>Friends of Bryan Callahan</i>	Reporting Period From <u>3/2/2017</u> To <u>6/5/2017</u>
---	---

Name of Creditor					Outstanding Balance of Debt
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ \emptyset